

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>	75331	
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/12</i>
FORMALITY REVIEW		<i>71622</i>	<i>10-10-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/11
2	✓	✓	10/11
3	✓	✓	10/11
4	✓	✓	10/11
5	✓	✓	10/11
6	✓	✓	10/11
7	✓	✓	10/11
8	✓	✓	10/11
9	✓	✓	10/11
10	✓	✓	10/11
11	✓	✓	10/11
12	✓	✓	10/11
13	✓	✓	10/11
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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